

STATE OF SOUTH DAKOTA

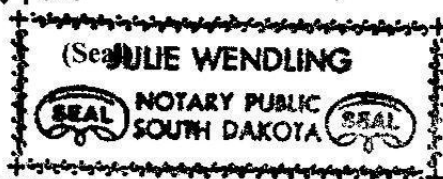
Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER Beresford Republic		2. DATE OF FILING 9/28/02	
3. FREQUENCY OF ISSUE Weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY 52	3B. ANNUAL SUBSCRIPTION PRICE	
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) 111 N. 3rd Beresford SD 57004			
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) 111 N 3rd Beresford SD 57004			
6. FULL NAME OF PUBLISHER: CRALG & MARY STEWART			
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">FULL NAME PRINTERS INC</div> <div style="width: 55%;">COMPLETE MAILING ADDRESS PO Box 111 Beresford SD 57004</div> </div>			
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.) PRJ Publications			
9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE	
A. TOTAL NO. COPIES (Net Press Run)	1500	1500	
B. PAID AND/OR REQUESTED CIRCULATION			
1. Sales through dealers and carriers, street vendors and counter sales:	521	526	
2. Mail Subscription (Paid and or requested)	1042	1020	
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	1463	1446	
D. FREE DISTRIBUTION			
1. BY MAIL, CARRIER OR OTHER MEANS	21	19	
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	-	-	
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	1484	1465	
F. COPIES NOT DISTRIBUTED			
1. Office use, left over, unaccounted, spoiled after printing	16	35	
2. Return from News Agents	-	-	
G. TOTAL (Sum of E, F1 and F2 - Should equal net press run shown in A)	1500	1500	
SIGNATURE AND TITLE OF PUBLISHER, BUSINESS MANAGER OR OWNER <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"></div> <div style="width: 55%;">Julie Wendling</div> </div>			
I swear that the statements made by me above are correct and complete.			

State of South Dakota)

s
County of **Union**)



Sworn to before me this **30th** day of

October, 20**02**

Notary Public

My Commission Expires **9/30/2008**
My commission expires _____